**Consent (dental)**

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **1** | **In patients with capacity, consent is properly obtained when** | | | |
| The patient is given information about the treatment and understands its nature, its purpose - why it is being proposed – and what it will involve – and the likelihood of success. |  |  |  |
| The patient is able to understand and retain information relevant to the decision, and weigh up the potential risks (side-effects, complications etc.) and benefits of various options. |  |  |
| The patient understands all relevant treatment options and the possible costs as well as the consequences of not receiving treatment. |  |  |
| The patient understands why you think a particular treatment is necessary and appropriate for them. |  |  |
| The patient understands your recommended option. |  |  |
| The patient understands the decision they are being asked to make. |  |  |
| It is made clear to the patient that they can change their mind at any time. |  |  |
| Patients are given time to reflect before they come to a decision, and the patient’s consent is checked at each stage of investigation or treatment. |  |  |
| The patient has not been coerced by any other person and given consent voluntarily. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **2** | **Consideration is given to the individual patient and their circumstances** | | | |
| The way information is provided is tailored to the needs of the patient in a format they can easily understand. |  |  |  |
| Consideration is given to whether the patient requires third party or technological assistance or support to understand, communicate or come to a decision. |  |  |
| In deciding how much information to give to patients, their needs, wishes and priorities are taken into account. |  |  |
| Find out what they want to know as well as telling them what you think they need to know. |  |  |
| The patient is informed of material risks. |  |  |
| The information given is in proportion to the nature of their condition, the complexity of the treatment and the seriousness of the risks or potential side-effects. |  |  |
| Matters are explored with patients, concerns listened to and questions encouraged. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **3** | **In patients without capacity to consent** | | | |
| The clinician works closely with those close to the patient, holders of (welfare) power of attorney and other members of the healthcare team. |  |  |  |
| Any rudimentary capacity that the patient has is taken into consideration. |  |  |
| Any evidence of previously expressed views or preferences of the patient is taken into account (e.g. documented discussions or Advance Directives). |  |  |
| The requirements of relevant legislation are followed *(Adults with Incapacity Act, Mental Capacity Act, Age of Legal Capacity Act, Fraser Competence etc.).* |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **4** | **If you delegate obtining consent to another person** | | | |
| The person obtaining consent is suitably trained and qualified to do so. |  |  |  |
| The delegated person understands the treatment fully, including the risks and alternatives etc. to properly obtain consent as described above. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **5** | **Documentation of consent** | | | |
| Consent, and the process used to obtain it (including key elements of discussions) is documented fully in the clinical notes. |  |  |  |
| This includes documenting that the patient’s understanding of the information provided has been checked. |  |  |
| Written consent is always obtained where the treatment involves conscious sedation, general anaesthetic or is part of a research programme. |  |  |